

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/572 894** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
11				1		
12				1		
13				1		
14				1		
15				1		
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22				1		
23				1		
24				1		
25				1		
26				1		
27				1		
28		1		1		
29	1		1			
30	1		1			
31		1		1		
32		3		1		
33				1		
34				1		
35				1		
36				1		
37				1		
38				1		
39				1		
40				1		
41		1		1		
42	1		1			
43	1		1			
44	2		1			
45	2		1			
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		1		1		
53		1		1		
54		1		1		
55	1		1			
56	1		1			
57	2		1			
58	2		1			
59	1		1			
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						